| AMENDMENT TRANSMITTAL LETTER | | | | | Docket No. 1560-0373P | |
|---|---|---|-----------------------------------|-----------------------|--|------|
| Application No. | | Filing Date | | Examiner | Art Unit | |
| 09/987,656-Conf. #7457 | | November 15, 2001 | | D. B. Cobano | glu 3626 | |
| Applicant(s): Mas | ashi YASUDA | et al. | | | | |
| Invention: HEALT | H CONTROL S | SYSTEM AND | INFORMAT | ION PROCESSING | APPARATUS | |
| MS AF Commissioner for I P.O. Box 1450 Alexandria, VA 223 | 313-1450 | admont in the | ahovo idontii | ind application | | |
| Transmitted here The fee has beer | | | | • • | | |
| | | | S AS AMEN | | - 1/2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | 7 |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | | |
| Total Claims | 15 | - 20 = | 0 | x 50.00 | 0.00 | |
| Independent Claims | 6 | - 6 = | 0 | x 200.00 | 0.00 | |
| Multiple Depend | lent Claims (che | eck if applicabl | e) | | | |
| Other fee (please specify): | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00 | | | | | | 4 |
| x Large Entity Small Entity | | | | | | eneð |
| x No additional fee is required for this amendment. | | | | | | |
| Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed. | | | | | | |
| A check in the amount of \$ is enclosed | | | | | | |
| Payment by credit card. Form PTO-2038 is attached | | | | | | |
| The Director is hereby authorized to charge and credit Deposit Account No02-2448 as described below. A duplicate copy of this sheet is enclosed | | | | | | |
| x Credit any overpayment. | | | | | | |
| | • • • | | n processing | fees required under 3 | 7 CFR 1.16 and 1.17. | |
| Dated: January 4, 2007 | | | | | | |
| Michael R Cán Attorney Reg. N | | | | | | |
| BIRCH, STEW/ 8110 Gatehous Suite 100 East P.O Box 747 Falls Church, V (703) 205-8000 | ART, KOLASCi e Road 'irginia 22040- | | _P | | | |
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